

# LEAVE OF ABSENCE

Notified by Student

Circulated

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**To Student:** Leaves of absence for more than **two weeks** will not be granted except in cases of illness. For shorter periods, and when absolutely necessary, a student may request a leave from his/her classes. Submit this form to instructors for their signature and approval and return it to the Admissions Office before taking leave.

Name: \_\_\_\_\_

Gavilan ID #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## DATE OF LEAVE

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for leave: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List classes to be missed:

<u>CRN#</u>	<u>Course</u>	<u>Instructor</u>	<u>Instructor</u>	<u>Approved</u>
	<u>Title</u>	<u>Name</u>	<u>Signature</u>	<u>Yes or No</u>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To Instructors: Please sign and return to the admissions office immediately... Thank You.